

Senate Health Policy Committee
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Testimony on HB 4369
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Mr. Chairman and committee members, thank you for allowing us the opportunity to speak to you today about the importance of health plan access to MAPS reporting.

Health plans, who manage pharmacy benefits for their members, provide comprehensive Drug Utilization Review programs (also known as DUR programs) to help ensure the quality and safety of prescribing and dispensing of medications to members and appropriate medication use. As part of the DUR process, physicians receive patient-specific lists for review and action and members may also be referred to Disease Management and Case Management programs. Health plans also work collaboratively with physicians to find pain management solutions or treatment for potential substance abuse.

Drug utilization review can assist health plans with improving prescription claim processing and enhancing patient safety. For example, to reduce the risk of liver damage or failure, it is recommended that acetaminophen or Tylenol containing narcotic analgesics such as Vicodin should be limited to a maximum of 4 grams of acetaminophen per day. Prescription claim system edits control the number of tablets and prescriptions billed for a member by the pharmacy to a health plan. However, if a member seeks care from multiple prescribers or attempts to get prescriptions refilled sooner than allowed, he or she could choose to pay the pharmacy cash for the prescriptions and consequently exceed the recommended 4 gram limit. In spite of the health plan DUR programs and system edits, self pay prescriptions are not billed to the health plan and are not included in the data required to protect the member's safety. They are however, reflected in the MAPS report. Lack of the MAPS information could and does place the member's safety at risk.

Additionally, health plans are accountable for monitoring providers and members for fraud, waste and abuse. Often, during routine drug utilization reviews, instances of potential fraud or substance abuse may be identified, especially with regard to controlled substance prescriptions.

By including MAPS reports in the drug utilization review process, health plans could work with prescribers and pharmacies to more reliably and proactively identify forged prescriptions, doctor shopping and members who may have become substance dependent.

Health plan pharmacy staff report that they continue to encourage prescribers to order and review MAPS reports for patients who appear to be taking medication in excess of recommended doses. However, it has been our experience that prescriber use of MAPS is limited at best. On behalf of the health plans, I respectfully request that you consider this important legislation that allows health plans' access to this important reporting system. Thank you for your time.